

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	4

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	4

 /

D	D
0	5

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

14809.36

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

04/07/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

2220.14

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

8719.46

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

2220.14

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

10939.60

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1412.08

(a) SUBTOTAL of Itemized Independent Expenditures

4616.79

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1588.59

Full Name (Last, First, Middle Initial) of Payee

Arkansas Times

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

201 East markham
Suite 200

Amount

70.00

City

Little Rock

State

AR

Zip Code

72201

Purpose of Expenditure

Job ad

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

140.00

Full Name (Last, First, Middle Initial) of Payee

Brian Barnett

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

(a) **SUBTOTAL** of Itemized Independent Expenditures

369.71

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1108.80

Full Name (Last, First, Middle Initial) of Payee
Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1232.00

Full Name (Last, First, Middle Initial) of Payee
Elisa Brown

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

6616 Carolina Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Joshua Brown

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

906 W. Myrtle St., Apt D2

Amount

123.20

City
CabatState
ARZip Code
72023Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

369.60

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State
NMZip Code
87120Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

856.04

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State
NMZip Code
87120Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

881.04

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

173.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/

Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

906.04

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/

Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1082.55

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/

Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate☐ President

District: _____

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1107.55

(a) SUBTOTAL of Itemized Independent Expenditures

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Jeffrey Campbell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

701 Green Mountain Drive #604

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Ashley Cole

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

5003 Omega St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72117

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Benjamin Cole

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

5003 Omega St

Amount

123.20

City

Little Rock

State

AR

Zip Code

72117

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Benjamin Cole

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
5003 Omega St

Amount

123.20

City
Little RockState
ARZip Code
72117Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee
Melinda Cole

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
5003 Omega St

Amount

123.20

City
Little RockState
ARZip Code
72117Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee
Melinda Cole

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
5003 Omega St

Amount

123.20

City
Little RockState
ARZip Code
72117Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Anderson Coleman

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

Full Name (Last, First, Middle Initial) of Payee

Anderson Coleman

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

1502 Green Mountain Dr. Apt 194

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

Full Name (Last, First, Middle Initial) of Payee

Crown Plaza

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

802.80

(a) SUBTOTAL of Itemized Independent Expenditures

313.30

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Democrat Gazette

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
PO Box 2221

Amount

86.05

City
Little RockState
ARZip Code
72203Purpose of Expenditure
Job adCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

86.05

Full Name (Last, First, Middle Initial) of Payee
Democrat Gazette

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
PO Box 2221

Amount

86.04

City
Little RockState
ARZip Code
72203Purpose of Expenditure
Job adCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

172.09

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City
ColumbusState
OHZip Code
43215Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3136.34

(a) SUBTOTAL of Itemized Independent Expenditures

390.27

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10990430630
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought 3161.34

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought 3186.34

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0

Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215

Purpose of Expenditure
Per diem

Category/
Type

Office Sought: ☐ House State: AR
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____

Calendar Year-To-Date Per Election
for Office Sought 3211.34

(a) **SUBTOTAL** of Itemized Independent Expenditures

75.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3429.52

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3454.52

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

PO Box 360001.

Amount

399.80

City

Ft. Lauderdale

State

FL

Zip Code

33336

Purpose of Expenditure

Airfare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3285.78

(a) SUBTOTAL of Itemized Independent Expenditures

642.98

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Egencia (credit card transaction)

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
PO Box 360001.

Amount

8.00

City

State

Zip Code

Ft. Lauderdale

FL

33336

Purpose of Expenditure
Transaction feeCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3293.78

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City

State

Zip Code

Little Rock

AR

72203

Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1358.84

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
Hardin Rd

Amount

138.14

City

State

Zip Code

Little Rock

AR

72203

Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1496.98

(a) SUBTOTAL of Itemized Independent Expenditures

179.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1530.42

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
Hardin Rd

Amount

138.14

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1668.56

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1702.00

(a) SUBTOTAL of Itemized Independent Expenditures

205.02

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
Hardin Rd

Amount

138.14

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1840.14

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
Hardin Rd

Amount

33.44

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1873.58

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
Hardin Rd

Amount

138.14

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2011.72

(a) SUBTOTAL of Itemized Independent Expenditures

309.72

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Michael Ford

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
11401 Mesa Drive Apt D335

Amount

123.20

City	State	Zip Code
Little Rock	AR	72211

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

123.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2836.34

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

3054.52

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

559.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Adrina Jennings

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

722 W. 47th St

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

Full Name (Last, First, Middle Initial) of Payee

Steve Karbowski

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

4195 West 22nd St

Amount

176.51

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1888.59

Full Name (Last, First, Middle Initial) of Payee

Steve Karbowski

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

4195 West 22nd St

Amount

25.00

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General

2010

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1913.59

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1938.59

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1963.59

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2140.10

(a) SUBTOTAL of Itemized Independent Expenditures

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2165.10

Full Name (Last, First, Middle Initial) of Payee
Jacob Kaufman

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
16 Buttermilk Rd

Amount

176.51

City
Little RockState
ARZip Code
72227Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1588.59

Full Name (Last, First, Middle Initial) of Payee
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
317 West Indiana St

Amount

123.20

City
BeebeState
ARZip Code
72012Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
317 West Indiana St

Amount

123.20

City State Zip Code
Beebe AR 72012Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Henry Miller

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
1000 E. 9th St

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 862.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Henry Miller

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
1000 E. 9th St

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 985.60Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

John Morgan

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	0

Mailing Address

1805 Marshall Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72202

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

369.60

Full Name (Last, First, Middle Initial) of Payee

John Morgan

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

1805 Marshall Dr

Amount

123.20

City

Little Rock

State

AR

Zip Code

72202

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

492.80

Full Name (Last, First, Middle Initial) of Payee

Matt Morrison

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

1601 Argonne PI NW

Amount

45.00

City

Washington

State

DC

Zip Code

20009

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

45.00

(a) SUBTOTAL of Itemized Independent Expenditures

291.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

616.00

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

Full Name (Last, First, Middle Initial) of Payee

Stephen Pearison

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

3605 Meadowlake Dr

Amount

123.20

City

Bryant

State

AR

Zip Code

72022

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Stephen Pearison

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
3605 Meadowlake Dr

Amount

123.20

City State Zip Code
Bryant AR 72022Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 369.60Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Stephen Pearison

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
3605 Meadowlake Dr

Amount

123.20

City State Zip Code
Bryant AR 72022Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ryan Revis

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
1606 S. Commerce St

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 862.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **24 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	0

Mailing Address
1606 S. Commerce St

Amount

123.20

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 985.60Full Name (Last, First, Middle Initial) of Payee
Ryan Revis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
1606 S. Commerce St

Amount

123.20

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1108.80Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address
1203 Emerson St. Apt 21

Amount

176.51

City	State	Zip Code
Denver	CO	90218

Purpose of Expenditure
Salary and benefitCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1888.59(a) **SUBTOTAL** of Itemized Independent Expenditures

422.91

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1913.59

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1938.59

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1963.59

(a) SUBTOTAL of Itemized Independent Expenditures

75.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City
DenverState
COZip Code
90218Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2140.10

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City
DenverState
COZip Code
90218Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

2165.10

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

800 Broadway

Amount

51.02

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

237.41

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

252.53

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
800 Broadway

Amount

74.90

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

312.31

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
800 Broadway

Amount

20.00

City
Little RockState
ARZip Code
72202Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

332.31

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City
BlacklickState
OHZip Code
43004Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2350.00

(a) SUBTOTAL of Itemized Independent Expenditures

119.90

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 28 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

440 Rocky Springs Dr

Amount

202.50

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2552.50

Full Name (Last, First, Middle Initial) of Payee

Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0

Mailing Address

440 Rocky Springs Dr

Amount

25.00

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2577.50

Full Name (Last, First, Middle Initial) of Payee

Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0

Mailing Address

440 Rocky Springs Dr

Amount

25.00

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2602.50

(a) SUBTOTAL of Itemized Independent Expenditures

252.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 29 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

440 Rocky Springs Dr

Amount

202.50

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2805.00

Full Name (Last, First, Middle Initial) of Payee

Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

440 Rocky Springs Dr

Amount

25.00

City

Blacklick

State

OH

Zip Code

43004

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2830.00

Full Name (Last, First, Middle Initial) of Payee

Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

302 E. Roosevelt

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

492.80

(a) SUBTOTAL of Itemized Independent Expenditures

350.70

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **30 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	0

Mailing Address
302 E. Roosevelt

Amount

123.20

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 616.00Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
302 E. Roosevelt

Amount

123.20

City	State	Zip Code
Little Rock	AR	72206

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 739.20Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address
2 Helen St Apt 4

Amount

176.51

City	State	Zip Code
Ward	AR	72176

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1412.08(a) **SUBTOTAL** of Itemized Independent Expenditures

422.91

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 31 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City
WardState
ARZip Code
72176Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1588.59

Full Name (Last, First, Middle Initial) of Payee
Todd Speight

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
322 E Kelso Rd

Amount

25.00

City
ColumbusState
OHZip Code
43202Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

538.00

Full Name (Last, First, Middle Initial) of Payee
Todd Speight

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
322 E Kelso Rd

Amount

25.00

City
ColumbusState
OHZip Code
43202Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

563.00

(a) SUBTOTAL of Itemized Independent Expenditures

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 32 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

588.00

Full Name (Last, First, Middle Initial) of Payee

Todd Speight

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

322 E Kelso Rd

Amount

25.00

City

Columbus

State

OH

Zip Code

43202

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

613.00

Full Name (Last, First, Middle Initial) of Payee

Staples

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

12309 Chenal Parkway

Amount

12.00

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Office Supplies

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

567.22

(a) SUBTOTAL of Itemized Independent Expenditures

62.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **33 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

866.58

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

891.58

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

916.58

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

235.36

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **34 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

941.58

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1126.94

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1151.94

(a) **SUBTOTAL** of Itemized Independent Expenditures

235.36

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **35 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address
3804 W. Capitol Ave

Amount

123.20

City	State	Zip Code
Little Rock	AR	72205

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

616.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
3804 W. Capitol Ave

Amount

123.20

City	State	Zip Code
Little Rock	AR	72205

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

739.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Ketina Thompson

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address
1602 Green Mountain Dr., Apt 307U

Amount

123.20

City	State	Zip Code
Little Rock	AR	72211

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

123.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

369.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **36 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Ketina Thompson

Date

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Mailing Address

1602 Green Mountain Dr., Apt 307U

Amount

123.20

City

Little Rock

State

AR

Zip Code

72211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

1 Airport Dr

Amount

81.27

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4326.61

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Mailing Address

1 Airport Dr

Amount

113.70

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Rental car

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4440.31

(a) **SUBTOTAL** of Itemized Independent Expenditures

318.17

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4493.89

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

81.27

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4575.16

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4688.86

(a) SUBTOTAL of Itemized Independent Expenditures

248.55

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **38 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

53.58

Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4742.44Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

81.27

Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4823.71Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

53.58

Purpose of Expenditure
Rental carCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4877.29Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

188.43

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **39 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	0

Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4990.99

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
1 Airport Dr

Amount

81.27

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5072.26

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5185.96

(a) **SUBTOTAL** of Itemized Independent Expenditures

308.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **40 / 41**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5239.54

Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

10110 Douglas Oaks Circle, Apt 301

Amount

123.20

City
TampaState
FLZip Code
33610Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

10110 Douglas Oaks Circle, Apt 301

Amount

123.20

City
TampaState
FLZip Code
33610Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

(a) **SUBTOTAL** of Itemized Independent Expenditures

299.98

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 41 / 41

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1108.80

Full Name (Last, First, Middle Initial) of Payee

David Welsh

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	0

Mailing Address

5121 Old Congo Rd.

Amount

123.20

City

Benton

State

AR

Zip Code

72019

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

16205.25